

STATE OF HAWAII
IDENTIFICATION CARD APPLICATION

CHECK TRANSACTION REQUESTED: ☐ INITIAL ☐ RENEWAL ☐ DUPLICATE

SID NUMBER			SOCIAL SECURITY NUMBER				DATE OF BIRTH (mm/dd/yyyy)				
NAME		LAST		FIRST		MIDDLE					
MAIL ADDRESS		STREET OR P.O. BOX		APT. NO.		CITY		STATE/COUNTRY		ZIP CODE	
HOME ADDRESS		STREET ADDRESS		APT. NO.		CITY		STATE/COUNTRY		ZIP CODE	
HEIGHT		FEET	INCHES	WEIGHT (LBS)		COLOR HAIR		COLOR EYES		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DO YOU WISH TO BE AN ORGAN DONOR <input type="checkbox"/> YES <input type="checkbox"/> NO				DO YOU HAVE AN ADVANCE HEALTHCARE DIRECTIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO				CITIZENSHIP			
EMERGENCY CONTACT		NAME (LAST, FIRST, M.I.)					RELATIONSHIP				
CONTACT ADDRESS		STREET OR P.O. BOX		APT. NO.		CITY		STATE/COUNTRY		ZIP CODE	
CONTACT TELEPHONE		AREA CODE		NUMBER		OR		IDD PREFIX		COUNTRY CODE NUMBER	


I acknowledge that my social security number I am providing is required by Section 286-303(c)(7), Hawaii Revised Statutes. I further acknowledge that if I am unable to obtain a social security number as evidenced by official notification by the Social Security Administration to the county examiner of drivers, a randomly generated alternate number shall be issued by this agency for the sole purpose of providing me with a state identification card. **NOTE:** Your social security number or the randomly generated alternate number will **NOT** be the State Identification card number printed on your card.

Federal law requires all male applicants between the ages of 18 through 25 to be automatically registered with the United States Selective Service System. By submitting this application for the issuance of a state identification card, duplicate or renewal, the qualified applicant is consenting to registration with the United States Selective Service System, if so required by Federal law.

I hereby certify, under penalty of perjury, that all the information provided is true and correct and that I am the person named and described in this application. I understand that providing false information may be a violation of Federal and State Law

APPLICANT'S SIGNATURE _____ DATE _____

AFFIDAVIT ON APPLICATION FOR VOTER REGISTRATION (STATE OF HAWAII RESIDENTS ONLY!!)

Do you wish to register to vote? If **"NO"**, **STOP!**  If **"YES"**, continue on.

Are you a registered voter in another state? ☐ YES ☐ NO

If so, where? _____
Address/County/State/Zip (your voter registration will be cancelled in that state)

Home Phone _____ Business Phone _____

For office use only

Affidavit Number _____

I.D. DL99 _____ Loc. Code 98 _____

FOR FEDERAL, STATE AND COUNTY ELECTIONS (you must meet all of the following qualifications to register to vote.)

I hereby swear or affirm that I am:

- A citizen of the United States: (Non-U.S. Citizens including U.S. Nationals **do not** qualify) ☐ YES ☐ NO
- At least 16 years of age ☐ YES ☐ NO

However, I understand that I must be 18 years old by election day to vote; and

- A resident of the State of Hawaii ☐ YES ☐ NO

The residence in this affidavit is not simply because of my presence in the state, but that the residence was acquired with the intent to make Hawaii my legal residence with all of the accompanying obligations therein.

ALL INFORMATION ON THIS AFFIDAVIT IS TRUE AND CORRECT.

Signature _____ Date _____

If you do not sign, we will assume you do not wish to register to vote.

WARNING: Any person knowingly furnishing false information may be guilty of a Class C felony punishable by up to 5 years imprisonment and/or \$10,000 fine.

For election information, call the State of Hawaii Voter Hotline at 1-800-442-VOTE (8683)

The office at which a person registers to vote is confidential. A person's declination to register to vote is confidential and is used for voter registration purposes only (National Voter Registration Act of 1993). §11-15 Hawaii Revised Statutes requires that a person registering to vote provide, under affirmation, a social security number. Any application lacking this information will be denied. Pursuant to Section 7 of the Privacy Act, be advised that this information may be released to government agencies for government purposes.